
State:	District of Columbia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	Medicare Supplement Advertising - 455034		
Project Name/Number:	Medicare Supplement Advertising/455034		

Filing at a Glance

Company:	Mutual of Omaha Insurance Company
Product Name:	Medicare Supplement Advertising - 455034
State:	District of Columbia
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI:	MS08I.012 Multi-Plan 2010
Filing Type:	Form
Date Submitted:	02/07/2020
SERFF Tr Num:	MUTM-132252470
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	SHELLY KAIPUST
Implementation	
Date Requested:	
Author(s):	Shelly Kaipust
Reviewer(s):	Colin Johnson (primary), RaShaunda Benson
Disposition Date:	
Disposition Status:	
Implementation Date:	

State:	District of Columbia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	Medicare Supplement Advertising - 455034		
Project Name/Number:	Medicare Supplement Advertising/455034		

General Information

Project Name: Medicare Supplement Advertising

Project Number: 455034

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Shelly Kaipust

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/07/2020

State Status Changed:

Created By: Shelly Kaipust

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Company and Contact

Filing Contact Information

Melanie Worth, Product & Advertising

melanie.worth@mutualofomaha.com

Compliance Analyst

Mutual of Omaha

402-351-4260 [Phone]

Mutual of Omaha Plaza

402-351-5298 [FAX]

Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance

CoCode: 71412

State of Domicile: Nebraska

Company

Group Code: 261

Company Type: Health

3300 Mutual of Omaha Plaza

Group Name:

Insurance

Omaha, NE 68175

FEIN Number: 47-0246511

State ID Number:

(402) 351-2645 ext. [Phone]

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

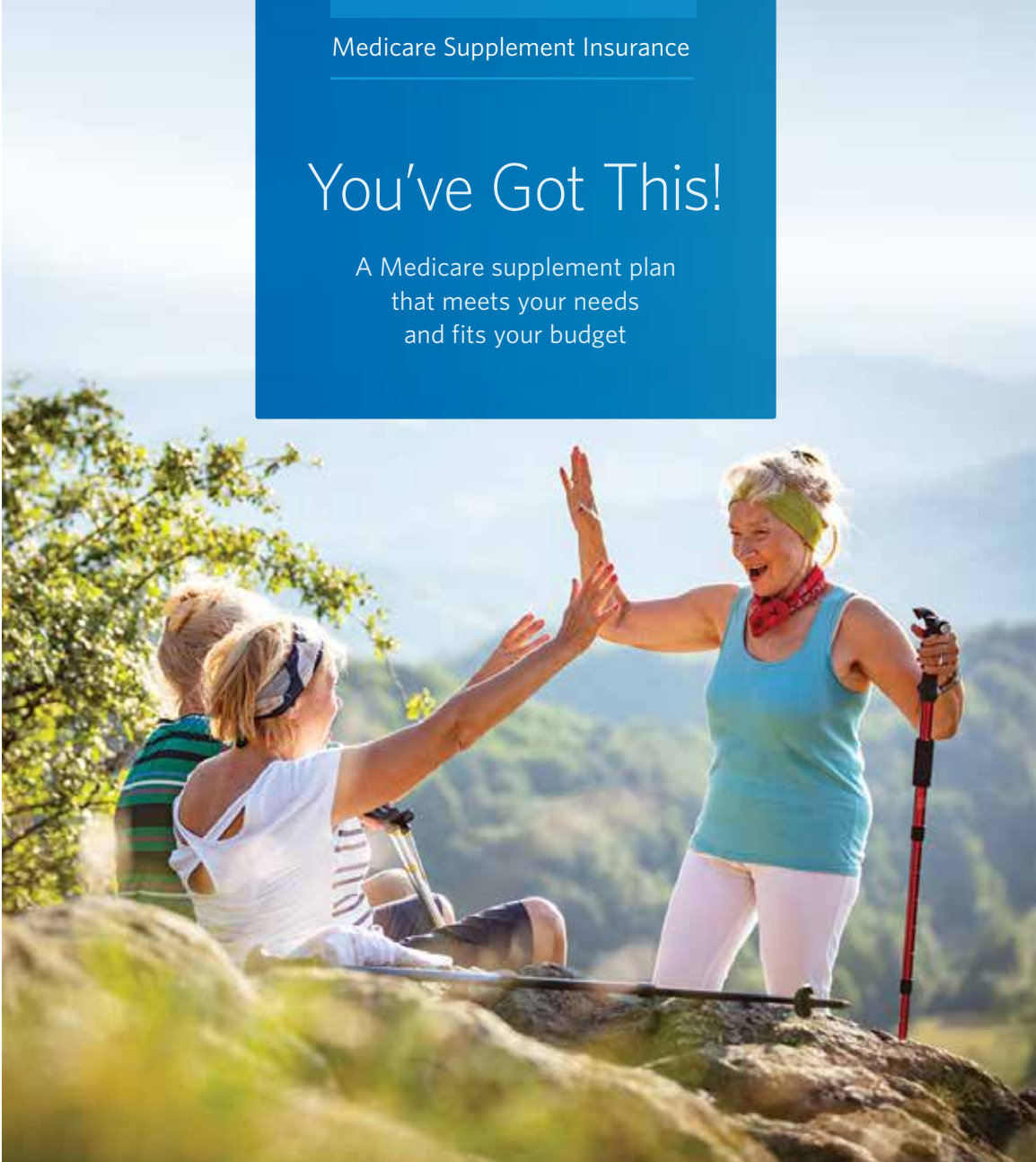
State:	District of Columbia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	Medicare Supplement Advertising - 455034		
Project Name/Number:	Medicare Supplement Advertising/455034		

Form Schedule

Lead Form Number: 455034								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Self Mailer and Reply Card	455034, 455034-1	ADV	Initial			455034 Med Supp Self Mailer.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory



Medicare Supplement Insurance

You've Got This!

A Medicare supplement plan
that meets your needs
and fits your budget



Underwritten by
Mutual of Omaha Insurance Company

[Agent's Agency Name]
[Agent's Name]
[Agent's Address]
[Agent's City, State ZIP]

You've Got This!
The right Medicare supplement plan.
The right price.
The right company.

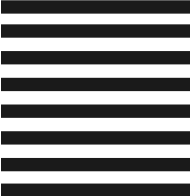
[CONSUMER'S NAME]
[CONSUMER'S ADDRESS]
[CONSUMER'S CITY, STATE ZIP]

Mutual of Omaha Insurance Company
[AGENT'S NAME]
[AGENT'S ADDRESS]
[AGENT'S CITY STATE ZIP]

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST-CLASS MAIL PERMIT NO. #50 OMAHA, NE
BUSINESS REPLY MAIL

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



The Right Medicare Supplement Plan

Selecting a Medicare supplement plan can be confusing. I can help give you the confidence boost you need. I'll start by listening. Because getting to know you and understanding your needs is the only way to find the plan that's right for you.



The Right Price

Our Medicare supplement plans are competitively priced to give you the value you're looking for.



Mutual of Omaha Insurance Company			
[State ZIP codes or ZIP codes beginning with ###]	[Age]	Monthly Premium*	
		Plan [Name]	Plan [Name]
	[Age]	[Rate]	[Rate]
	[Age]	[Rate]	[Rate]
	[Age]	[Rate]	[Rate]

*[Sample base rates; female rates (male rates may be higher); nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.]

The Right Company

With a Medicare supplement insurance policy from Mutual of Omaha Insurance Company, you get the coverage you need at a fair price. But it's our service that really sets us apart.

- No policy fee
- Virtually no claims to file
- A friendly, knowledgeable U.S.-based customer care team



Get Your Free Premium Quote

I can help you select a Medicare supplement plan that's right for you. Call me today for your no-cost, no-obligation [personalized] premium quote. [Ask if you're eligible for our household discount.]



[Agent's Agency Name]
[Agent's Name]
[Agent's Phone Number]
[Agent's Email Address]
[Agent's License Number]

[This is a solicitation of insurance and an insurance agent/producer will contact you. Not connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance policies are underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy Forms MM20, MM21, MM22, MM23, MM24, MM25, MM30, MM34, MM35, MM36 or state equivalent (in CA, MM20-24250, MM24-24251, MM25- 24252, MM34-24916, MM35-24917, MM36-25627; in MT, MM20A, MM22C, MM25G, MM35N, MM36G, in NY, MM20-21669, MM21- 21670, MM22-22407, MM23-22408, MM24-21671, MM25-21672, MM30-22503; in PA, MM20-24978, MM21-24980, MM22-24982, MM23-24984, MM24-24986, MM25- 24988, MM34-24990, MM35-24992, MM36-25765, in VA, MM20-25669, MM24-25670, MM25-25671, MM35-25673, MM36-25672, app MA6026-44). Not all policy forms may be available in every state. Select policy forms are only available to individuals who become eligible for Medicare prior to January 1, 2020. In New York, select policy forms are only available when an individual becomes eligible for Medicare whether due to age, disability or ESRD. AN OUTLINE OF COVERAGE IS AVAILABLE UPON REQUEST. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services. This policy contains exclusions and limitations. For costs and complete details of coverage, contact your agent/producer or office. Call toll-free 1-800-228-7104. In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy regardless of your age. New York residents: these policies meet the minimum standards for MEDICARE SUPPLEMENT INSURANCE as defined by the New York State Department of Financial Services. The expected benefit ratio average for the policies is 65%. This ratio is the portion of future premiums which the company expects to return as benefits when averaged over all people with these policies. IMPORTANT NOTICE — A CONSUMER'S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM THIS INSURER. GA residents: THIS IS A LIMITED POLICY DESIGNED TO COVER ONLY THOSE MEDICARE-APPROVED EXPENSES WHICH MEDICARE DOES NOT COVER.] 455034



Underwritten by
Mutual of Omaha Insurance Company

INFORMATION REQUEST

☐ **YES!** Please contact me with information about a Medicare supplement insurance policy from Mutual of Omaha Insurance Company. I understand there is no cost or obligation for this service.

Name _____ ZIP Code _____

Phone (_____) _____ Best Time to Call _____

Email _____

This is a solicitation of insurance. An insurance agent will contact you.

[By submitting this form, I sign and agree to receive emails, phone calls or text messages from a representative, agent or producer on behalf of Mutual of Omaha Insurance Company and its affiliates, at the email address or phone number above, including my wireless number, if provided, to market their products and services. I understand these calls may utilize pre-recorded or artificial voice messages and may be generated using automated dialing technology. I understand that agreeing to this consent is not required to make a purchase..]

SERFF Tracking #:	MUTM-132252470	State Tracking #:		Company Tracking #:	SHELLY KAIPUST
State:	District of Columbia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010				
Product Name:	Medicare Supplement Advertising - 455034				
Project Name/Number:	Medicare Supplement Advertising/455034				

Supporting Document Schedules

Satisfied - Item:	Memo of Variability
Comments:	
Attachment(s):	455034 (MoV Self-mailer) Redesign.pdf
Item Status:	
Status Date:	

VARIABLE MATERIAL FOR ADVERTISING FORM

455034

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section	Explanation
[Agent's Agency Name] [Agent's Name] [Agent's Address] [Agent's City, State ZIP]	The Agency will appear. Agent's Name will appear Agent's address will appear Agent's City, State ZIP will appear
[Consumer's Name] [Consumer's Address] [Consumer's City, State ZIP Code]	Consumer's Name will appear Consumer's address will appear Consumer's City, State ZIP Code will appear
[State, ZIP codes or ZIP codes beginning with ###] <i>1st column of the rate chart</i>	The State, ZIP code or ZIP codes being marketed will be shown.
[Age] <i>2nd column of the rate chart</i>	Up to 3 ages (Age 65 or older) may be shown. (The "Age" column will be removed from states that are not age rated.) (In VT – the age column will be removed – not age rated.)
Plan [Name] <i>Header of the 3rd and 4th columns of the rate chart</i>	Approved Medicare Supplement plans will be shown.
[Rate] <i>3rd and 4th columns, second, third and fourth row of the rate chart</i>	Up to 3 of the currently approved rate(s) for the plan(s), age(s) and ZIP code(s) will be shown.
[sex specific rate disclosure] <i>Bottom of rate chart</i>	If female rates are used, the disclosure will read "Female rates (male rates may be higher)." If male rates are used, the disclosure will read "Male rates (female rates generally lower)." (Neither option will be printed on states that are not gender rated.) (In MT and VT – gender rating will not be used.)
[appropriate state rate disclosure] <i>Bottom of rate chart</i>	CA, GA, KS, PA, VA – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible. AK, DC, HI, PR, RI, VI - nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. MT – in Montana, unisex rates will be used. Nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. Lower rates may apply, if eligible. WY - nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. Lower rates may apply, if eligible. NY – Rates are subject to change and vary by ZIP code. VT – Sample rates; rates are subject to change.
Call me today for your no-cost, no-obligation [personalized] premium quote. 455034_MOV 2-2020	Personalized will be removed in NY.

[appropriate state Solicitation of Insurance disclosure] - Continued

Directly above form number

MEDICARE SUPPLEMENT INSURANCE as defined by the New York State Department of Financial Services. The expected benefit ratio average for the policies is 65%. This ratio is the portion of future premiums which the company expects to return as benefits when averaged over all people with these policies. IMPORTANT NOTICE — A CONSUMER'S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM THIS INSURER. GA residents: THIS IS A LIMITED POLICY DESIGNED TO COVER ONLY THOSE MEDICARE-APPROVED EXPENSES WHICH MEDICARE DOES NOT COVER.

PLEASE NOTE: The variable sections of this form are set-up by the Home Office to assure that the correct information is printed.